

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN</b>		Attorney Docket Number	TSU-809
		First Named Inventor	HAMADA, Katsuyuki
<b>COMPLETE IF KNOWN</b>			
		Inter. Appl. Number	PCT/JP2004/015221
		Inter. Filing Date	October 15, 2004
		Art Unit	Unknown
		Examiner Name	Unknown

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CANCER GENE THERAPEUTIC DRUG**

the specification of which

 is attached hereto

OR

 was filed on MM/DD/YYYY as United States Application Number or PCT International Application Number XX/XXX,XXX and was amended on MM/DD/YYYY (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent inventors or plant breeders rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign filing date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
2003-354983	Japan	10/15/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

(Page 1 of 3)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION -- Utility Or Design Patent Application

Direct all correspondence to  Customer Number or Bar Code Label **038051** or  Correspondence address below

Name \_\_\_\_\_

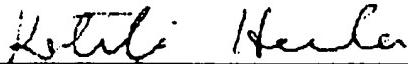
Address \_\_\_\_\_

City	State	ZIP
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name Katsuyuki (first and middle [if any])	Family Name HAMADA or Surname
---	----------------------------------

Inventor's Signature 	Date 8/19/06
--	--------------

Residence: City Matsuyama-shi	State Ehime	Country JAPAN	Citizenship JAPAN
-------------------------------	-------------	---------------	-------------------

Mailing Address Room 406, Nishizakai Heights, 1-1-8, Nishizakai

City Matsuyama-shi	State Ehime	ZIP 7900931	Country JAPAN
--------------------	-------------	-------------	---------------

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name Akinobu (first and middle [if any])	Family Name GOTO or Surname
---	--------------------------------

Inventor's Signature 	Date 8/12/06
---	--------------

Residence: City Kobe-shi	State Hyogo	Country JAPAN	Citizenship JAPAN
--------------------------	-------------	---------------	-------------------

Mailing Address Heathcote Mikage Shironomae, 1430, Mikage Shironomae, Mikage-cho, Higashinada-ku

City Kobe-shi	State Hyogo	ZIP 6580056	Country JAPAN
---------------	-------------	-------------	---------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page — 3 — of — 3 —

**NAME OF ADDITIONAL JOINT INVENTOR:** A petition has been filed for this unsigned inventorGiven Name Toshiro  
(first and middle [if any])Family Name SHIRAKAWA  
or SurnameInventor's  
Signature

Date 6 Apr 2006

Residence City Kobe-shi

State Hyogo

Country JAPAN

Citizenship JAPAN

Mailing Address 2-8-5, Shinoharakitamachi, Nada-ku

City Kobe-shi

State Hyogo

ZIP 6570068

Country JAPAN

**NAME OF ADDITIONAL JOINT INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date

Residence City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

**NAME OF ADDITIONAL JOINT INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date

Residence City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Please type a plus sign (+) inside this box

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

International Application Number:	PCT/JP2004/019221
International Filing Date:	October 15, 2004
First Named Inventor:	HAMADA, Katsuyuki
Title:	CANCER GENE THERAPEUTIC DRUG
Group Art Unit:	Unknown
Examiner Name:	Unknown
Attorney Docket Number:	TSU-009

I hereby appoint:

Practitioners at Customer Number **038051**

**OR**

Practitioner named below:

Name  
**KIRK HAHN**

Registration Number  
**51,763**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

**OR**

Practitioners at Customer Number

**OR**

<input type="checkbox"/> Firm or Individual Name	<b>Kirk Hahn</b>			
Address	<b>14431 Holt Avenue</b>			
Address				
City	<b>Santa Ana</b>	State	<b>California</b>	Zip <b>92705</b>
Country	<b>United States of America</b>			
Telephone	<b>714-544-2934</b>	Fax	<b>714-544-2934</b>	

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name **Toshiro SHIRAKAWA**

Signature 

Date **6 Apr 2006**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below.

Total of **3** are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/SB/61 (02-01)

Approved for use through 10/31/2002. GMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

International Application Number:	PCT/JP2004/015221
International Filing Date:	October 15, 2004
First Named Inventor:	HAMADA, Kazuyuki
Title:	CANCER GENE THERAPEUTIC DRUG
Group Art Unit:	Unknown
Examiner Name:	Unknown
Attorney Docket Number:	TSU-009

I hereby appoint:

- Practitioners at Customer Number **038051**  
**OR**  
 Practitioner named below:

Name  
**KIRK HAHN**

Registration Number  
**51,763**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.

**OR**

- Practitioners at Customer Number

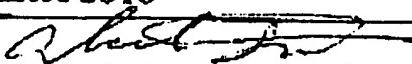
**OR**

Firm or Individual Name	Kirk Hahn			
Address	14431 Holt Avenue			
Address				
City	Santa Ana	State	California	Zip <b>92705</b>
Country	United States of America			
Telephone	714-544-2934	Fax	714-544-2934	

I am the:

- Applicant/Inventor  
 Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/ISB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Akinobu GOTO
Signature	
Date	4/12/06

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below'

- Total of 3 are submitted

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/SB/61 (02-01)

Approved for use through 07/31/2002. GPO: 0831-0335  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

International Application Number: PCT/JP2004/015271

International Filing Date: October 15, 2004

First Named Inventor: HAMADA, Katsuyuki

Title: CANCER GENE THERAPEUTIC DRUG

Group Art Unit: Unknown

Examiner Name: Unknown

Attorney Docket Number: TSU-009

I hereby appoint:

Practitioners at Customer Number 038051

OR

Practitioner named below:

Name  
KIRK HAHN

Registration Number  
51,763

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

OR

Firm or Individual Name	Kirk Hahn			
Address	14431 Holt Avenue			
Address				
City	Santa Ana	State	California	Zip 92705
Country	United States of America			
Telephone	714-544-2934	Fax	714-544-2934	

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Katsuyuki HAMADA
Signature	<i>Kirk Hahn</i>
Date	8/9/06

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below.

Total of 3 are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.